

Fee: \$250

Development Services 142 N. Ohio St. Celina, TX 75009 (972) 200-3621 permits@celina-tx.gov

DATE:____

Mobile Food Unit Permit Application

Type of Ownership	Тур	Type of Mobile Unit		
Sole ProprietorCorporation	Partnershin	Mobile Kitchen	e KitchenIce Cream Truck	
	Catering Truck		kPush Cart	
Owner – Individual(s) or Corporation:				
Address:				
Contact Name:				
Telephone: Main:	Email:			
Name of Driver/Certified Food Manager:				
Address:	Ci	ty:	State:	Zip:
Telephone:				
Driver License Number:	Sta	te:	Expiration Dat	e:
Name of Insurance Company:		Tel	ephone:	
Address:				
Vehicle License Plate Number:				
Name of Central Preparation Facility:				
Name of Central Preparation Facility:				
Name of Central Preparation Facility: Address: Telephone:				
Address:	Ci	ty:	State:	Zip:
Address: Telephone: All food items MUST be prepared &	packaged at a per	ty:	State:	Zip:
Address: Telephone: All food items MUST be prepared &	packaged at a per	rmitted and inspected ed prior to Health Ins	State: d Central Prepar pection	Zip:Zip:
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APPLICANT SIGNATURE: